

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						<small>APP. NO.</small> 097171432	<small>FILING DATE</small>						
						<small>APPLICANT(S)</small>							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50	/	/					100						
TOTAL IND.	/		/		/		TOTAL IND.	/		/		/	
TOTAL DEP.	/		/		/		TOTAL DEP.	/		/		/	
TOTAL CLAIMS	/		/		/		TOTAL CLAIMS	/		/		/	